

# **EXHIBIT 19**

05/31/2012 13:47 9897926053

SAGINAW MEDICAL EXAMNR

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EXAMINER'S OFFICE (989) 792-6052

**SAGINAW COUNTY  
MEDICAL EXAMINER'S OFFICE**

**AUTOPSY REPORT**

NAME: BOBBY MERRILL JR.

AGE: 38 Years

GENDER: Male

RACE: Black

DATE OF DEATH: April 10, 2012, 5.11 PM

2012-256

MSP

Prosecutor

Office

SM

14-274

PLACE OF DEATH: St. Mary's Hospital, Saginaw

DATE OF AUTOPSY: April 11, 2012, 12.00 PM

PLACE OF AUTOPSY: Covenant HealthCare-Harrison, Saginaw

AUTOPSY ASSISTANT: Mike Szczesniak

WITNESSES: Randy Mudd, Saginaw City PD  
D/Sgt. Rivard, Dennis Proulx and  
TPR. Asbridge, MSP

**AUTOPSY FINDINGS**

I: Drug intoxication with

A: Presence of Alcohol, Cocaine and Cocaethylene in blood  
B: Pulmonary edema and congestion

II: Electromuscular dissociation device application with

A: Fresh needle marks; right flank and right thigh

**OPINION**

Bobby Merrill Jr. died of drug intoxication. He was having erratic behavior and jumping on vehicles when police were called. During the process of subdue, an electromuscular dissociation device was applied. There are no other physical injuries contributing to his death. The manner of death is undeterminable (drug abuse).

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BOBBY MERRILL JR.

EXTERNAL EXAMINATION

The body is that of a black male, 67 inches, about 250 lb, normally developed, moderately obese, and with an appearance consistent with the stated age of 38 years. The body is nude.

The body is cold. Rigor mortis is fully developed; livor mortis is purple, fixed, and dorsal.

Scalp hair is black and curly, measuring up to  $\frac{1}{4}$  inch. The head and face are unremarkable. The irides are brown. The corneas are transparent. The scleras are white. Conjunctivae are congested, however without petechiae or hemorrhage. The teeth are natural. The nostrils, mouth, and ears are unremarkable. Short trimmed beard and mustache are present. The neck is without external visible trauma. The chest is symmetrical and barrel shaped. The abdomen is protuberant. The penis is circumcised and the testes are in the scrotum. All extremities are symmetrical. The back is unremarkable.

**SCAR:** A short scar is present on umbilicus. 1 inch scar is present on left side of the lower chest. 1  $\frac{1}{4}$  inch scar is present on right ankle.  $\frac{1}{2}$  inch scar is present on upper back. Slightly pigmented scars are present on left gluteal area.

**TATTOO:** Tattoos are present on both upper arms.

**EVIDENCE OF THERAPY:** An endotracheal tube is present in mouth and trachea. A nasogastric tube is present in mouth and stomach. Vascular lines are present in right femoral area and left side of the neck. An Intraosseous line is present in left tibia. A catheter is present in urethra.

**EVIDENCE OF INJURY:** A small superficial puncture wound is present in right flank and similar wound is also present on postero-lateral portion of right thigh. These wounds are 14  $\frac{1}{2}$  inches apart. The injury is limited to skin and subcutaneous adipose tissue only.

Two small abrasions are present on lateral surface of left upper arm. Two small linear abrasions are present in lateral portion of left antecubital fossa.

BOBBY MERRILL JR.

INTERNAL EXAMINATION

BODY CAVITIES: The chest cavities, pericardial sac, and peritoneal cavity are empty. Serosal surfaces are smooth.

HEAD AND BRAIN: There are no hemorrhages in the scalp. The skull is intact. There are no epidural, subdural or subarachnoid hemorrhages. The brain weighs 1378 gm. The brain is dusky. The meninges are thin and transparent. The gyri and sulci are normal and symmetrical. Brain edema is not present. The cerebral cortex is uniform. The white matter is without focal lesion. Basal ganglia, mammillary body and hippocampi are without abnormality. The ventricles are normal, containing clear cerebro-spinal fluid. The major blood vessels at the base of the brain are intact and normal. The brain stem and cerebellum are without focal abnormalities. Substantia nigra has adequate pigmentation.

NECK ORGANS: There are no hemorrhages in the neck muscles or soft tissue. The laryngeal cartilages, hyoid bone, and cervical vertebrae are intact. The larynx and pharynx are unremarkable. There are no laryngeal edemas or upper airway obstructions. The carotid arteries and jugular veins are patent and normal.

CARDIOVASCULAR SYSTEM: The heart weighs 436 gm. The coronaries are normally distributed with right dominant circulation. There are no arteriosclerotic or thrombotic occlusions of the coronaries. The myocardium has brown appearance. Myocardial fibrosis and acute myocardial infarctions are not present. There is mild left ventricular hypertrophy. Left ventricle measures 1.7 cm and right ventricle measures 0.5 cm in thickness. The endocardium is smooth. The cardiac chambers are mildly dilated. The tricuspid valve has 12.5, pulmonic 8.0, mitral 11.0 and aortic 7.5 cm circumference. The aorta, and its major branches and veins, are normal and patent.

RESPIRATORY SYSTEM: The right lung weighs 467 gm and the left lung weighs 397 gm. Pulmonary edema and congestion are present. The upper and lower airways are unobstructed. Respiratory mucosa is smooth and intact. The pulmonary arteries are patent and without emboli. There are no focal abnormalities or acute pneumonia in the lungs.

BOBBY MERRILL JR.

DIGESTIVE SYSTEM: The tongue and esophagus are normal. The stomach contains about 20 cc of red thin liquid. There are no mucosal lesions or hemorrhages in the esophagus, stomach, or duodenum. The intestines, appendix, and pancreas are normal. There are no contusions or lacerations of the mesentery.

LIVER: The liver weighs 2435 gm and its surface is smooth. The parenchyma has brown appearance. There is no fatty degeneration or focal abnormalities. The gallbladder contains about 10 cc of bile. There are no gallstones. The common bile duct is patent.

SPLEEN: The spleen weighs 111 gm. The capsule is intact. The parenchyma is normal.

GENITO-URINARY SYSTEM: The right kidney weighs 167 gm and left kidney weighs 158 gm. The capsules are easy to separate and subcapsular surfaces are smooth. The renal cortex is uniform. Cortico-medullary demarcation is distinct. There are no focal abnormalities in the renal parenchyma. The caliceal system and ureters are patent with smooth mucosa. The urinary bladder is empty. The bladder mucosa is smooth and intact. The prostate is normal.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenals are unremarkable.

LYMPH NODES: There are small lymph nodes in the hilum of both lungs and mediastinum.

MUSCULO-SKELETAL SYSTEM: The bones are intact and without natural disease. All muscles are normal.

Femoral blood is obtained for toxicology. Autopsy photographs, head hair samples and brain samples are obtained by the Police Department.

#### MICROSCOPIC EXAMINATION

HEART: Mild myocyte hypertrophy is present. Acute myocardial necrosis or myocarditis is not identifiable. The coronaries are without arteriosclerosis or thrombosis.

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BOBBY MERRILL JR.

LUNGS: There is severe acute septal congestion. Some alveoli contain edema fluid and pigment laden macrophages. Mild chronic inflammation is present in bronchi with thickening of the basement membrane. Acute pneumonia is not present. There is acute congestion in submucosa of the trachea.

LIVER: Mild to moderate fatty degeneration is present in hepatocytes. There is acute congestion of the sinusoids. The portal triads are unremarkable.

BRAIN: The neurons in cerebral cortex, hippocampus and cerebellum are without acute hypoxic changes. Acute or chronic inflammation is not present in the meninges or perivascular spaces of cerebrum.

Sections of spleen, kidneys, stomach, colon, appendix, pituitary, thyroid and adrenal are unremarkable. There is acute congestion in the submucosa of the epiglottis. Autolysis is present in small intestinal mucosa and pancreas.

*Kanu Virani*  
KANU VIRANI, M.D.  
Consulting Forensic Pathologist  
5-1-12

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Case Number: S12-73

Died at:

Date &amp; Time:

Pronounced at: ST. CLAIRS

Date &amp; Time: 4-10-12 5-11 AM

Injury at: S. Washington &amp; Gilmore St

Date &amp; Time: 4-10-12 4-11 AM

Brief Circumstances:

Taser - based 4-11 AM

COCAINE

Date &amp; Time of Autopsy: 4-11-12, 12-00 PM

Location: CTC

Name: BOB RY MERRILL J.

Age: 38 (8-3-73) AM

Ht &amp; Wt: 67" @ 250 lbs

Rigor: Full

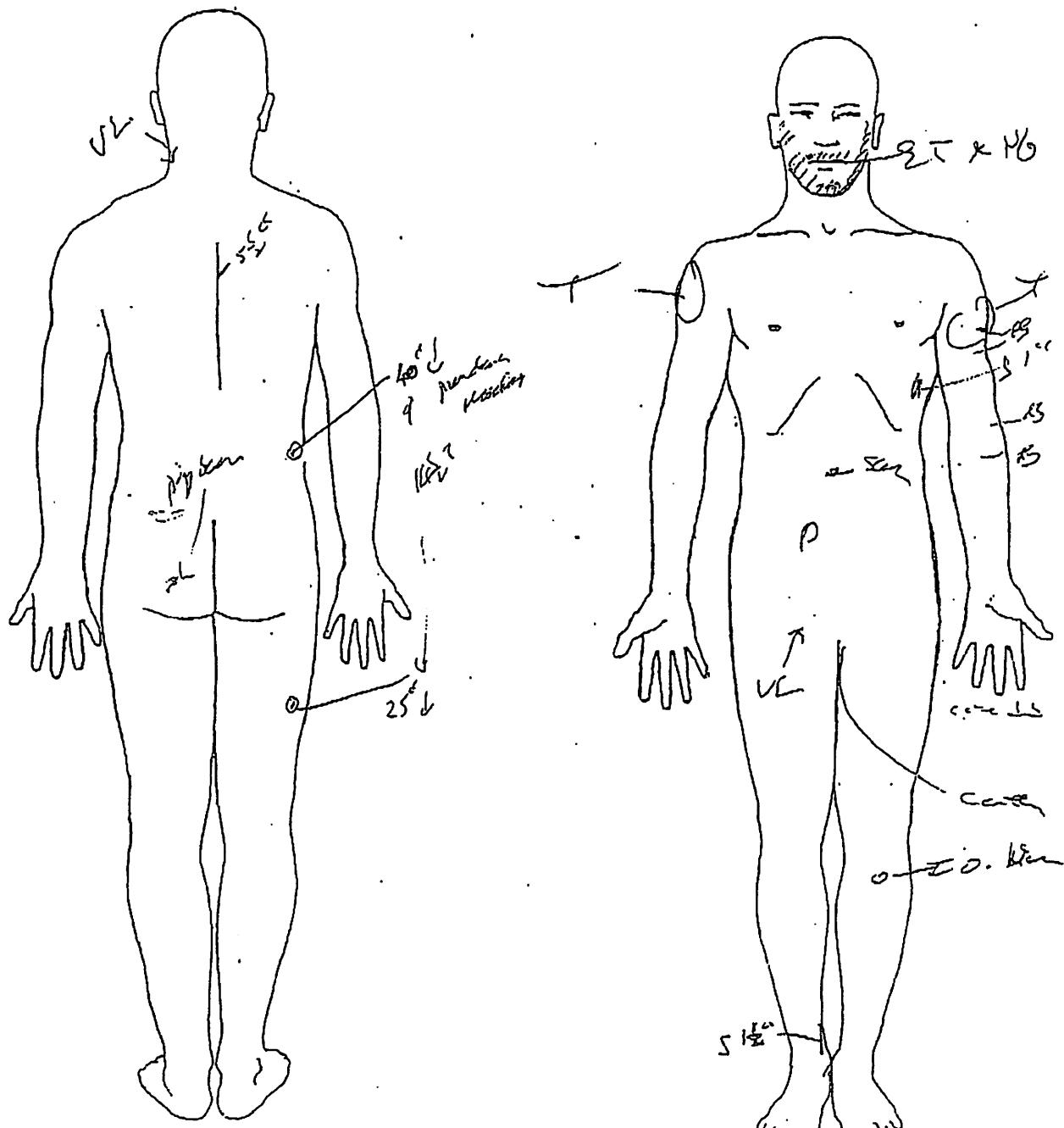
Livor: Distant

Hairs: (Black)

Eyes: BL in conj

Teeth: Was seen

None



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Case Number: 512-73

Autopsy assistant: Mike S.

Witness: Bush Hall, M/Sgt. Rivard, 101st Precinct, 7th Assembly / M/Sgt.

Rt. Chest: (empty)

Lt. Chest:

Pericardial:

Peritoneal:

Serosal surfaces: (empty)

Head: ♂

Skull: intact

Brain: 1378 weight of

Neck: ♂ 10.6 tracheal

Heart: 436 TV: 12.5 PV: 8.0 MV: 11.4 AV: 7.5

Coronaries: Δ (empty)

RC: ♂ LM: ♂ LAD: ♂ LC: ♂

LV: 1.7 RV: 0.5 Myocardium: ♂

Aorta: ♂

Rt Lung: 467 | Edema &amp; Cong

Lt Lung: 397

Trachea: ♂

Tongue: ♂ to side

Stomach: 20 cc fluid (empty)

Intestines: ♂

Appendix: full

Esophagus: ♂

C

Liver: 2435 ♂

Gall Bladder: 10 cc

CBD: 7

Spleen: 11 ♂

Thymus:

Rt Kidney: 167 (empty)

Lt Kidney: 158 (empty)

Bladder: 5 ml

Prostate: ♂

Ovaries:

Lymph Nodes: 5 to 6 0.5

Pituitary: -

Thyroid: -

Adrenals:

M.S: ♂

Tox: Few (empty)

Evidence: photos, hair samples, RACER for Taser cont.

COD: PENDING (TGS)

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Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

PCOFY

## Toxicology Report rec'd 4-27-12

Report Issued 04/27/2012 11:02

To: 10217  
 Saginaw County Medical Examiner's Office  
 Attn: Kanu Virani, M.D.  
 111 S Michigan Ave-Lower Level  
 Saginaw, MI 486025395

Patient Name MERRILL, BOBBY  
 Patient ID S12-073  
 Chain 11256954  
 Age 38 Y  
 Gender Male  
 Workorder 12127825

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2012-256  
 -SM 14-27-63  
 MSP-Bay City  
 Post

## Positive Findings:

Compound	Result	Units	Matrix Source
Ethanol	31	mg/dL	Peripheral Blood
Blood Alcohol Concentration (BAC)	0.031	g/100 mL	Peripheral Blood
Caffeine	Positive	mcg/mL	Peripheral Blood
Cocaine	540	ng/mL	Peripheral Blood
Cocaethylene	87	ng/mL	Peripheral Blood
Benzoylecgonine	1300	ng/mL	Peripheral Blood

See Detailed Findings section for additional information

## Testing Requested:

Analysis Code	Description
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

## Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	9 mL	04/11/2012 12:00	Peripheral Blood	
002	Gray Top Tube	9 mL	04/11/2012 12:00	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 04/18/2012.

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 Chain 11256954  
 Patient ID S12-073

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**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	31	mg/dL	10	001 - Peripheral Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.031	g/100 mL	0.010	001 - Peripheral Blood	Headspace GC
Caffeine	Positive	mcg/mL	0.10	001 - Peripheral Blood	GC/MS
Cocaine	540	ng/mL	20	001 - Peripheral Blood	GC/MS
Cocaethylene	87	ng/mL	20	001 - Peripheral Blood	GC/MS
Benzoyllecgonine	1300	ng/mL	50	001 - Peripheral Blood	GC/MS
Ethanol	Confirmed	mg/dL	10	001 - Peripheral Blood	Headspace GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Reference Comments:****1. Benzoylecgonine (Cocaine Degradation Product) - Peripheral Blood:**

Benzoylecgonine is an inactive metabolite and chemical breakdown product of cocaine. Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Benzoylecgonine has a half-life of 6 to 10 hours. The average blood benzoylecgonine concentration in 906 Impaired drivers was 1260 ng/mL (range 5 - 17600 ng/mL). Benzoylecgonine blood concentrations in patients admitted to an emergency room for cocaine related medical complaints were 1280 ng/mL (SD = 1290 ng/mL). Benzoylecgonine concentrations in plasma following oral administration of 2 g/day of cocaine over 6 days, averaged 4900 ng/mL. The average blood benzoylecgonine concentration in 37 cocaine related fatalities was 7900 ng/mL (range 700 - 31000 ng/mL).

**2. Caffeine (No-Doz) - Peripheral Blood:**

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

Following the oral ingestion of 120 and 300 mg of caffeine, reported peak plasma concentrations of the drug averaged 3.0 mcg/mL (range, 2.0 - 4.0 mcg/mL) and 7.9 mcg/mL (range, 6.0 - 9.0 mcg/mL), respectively. A single oral dose of 500 mg produced a reported peak plasma concentration of 14 mcg/mL after 30 min.

Reported concentrations of caffeine in caffeine-related fatalities averaged 183 mcg/mL (range, 79 - 344 mcg/mL).

The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

**3. Cocaethylene (Cocaine/Ethanol By-Product) - Peripheral Blood:**

Cocaethylene is a transesterification artifact formed in vivo when cocaine and alcohol are in the circulation at the same time. It is an active metabolite with activity equal to or greater than that of cocaine.

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**Reference Comments:****4. Cocaine - Peripheral Blood:**

Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Cocaine is metabolized to the inactive compounds benzoylconine, ecgonine methyl ester, and ecgonine. Benzoylconine and ecgonine methyl ester can form from cocaine breakdown after death and even after sample collection. The average blood cocaine concentration in 906 impaired drivers was 87 ng/mL (range 5 - 2390 ng/mL). Blood cocaine concentrations in patients admitted to an emergency room for cocaine related medical complaints were 260 ng/mL (SD = 500 ng/mL). Cocaine concentrations in plasma following oral administration of 2 g/day over 6 days, averaged 1260 ng/mL. The average blood cocaine concentration in 37 cocaine related fatalities was 4600 ng/mL (range 40 - 31000 ng/mL). (See also Benzoylconine).

**5. Ethanol (Ethyl Alcohol) - Peripheral Blood:**

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples. The blood alcohol concentrations (BAC) can be expressed as a whole number with the units of mg/dL or as a decimal number with units of g/100 mL which is equivalent to % w/v. For example, a BAC of 85 mg/dL equals 0.085 g/100 mL or 0.085% w/v of ethanol.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 12127825 was electronically signed on 04/27/2012 10:01 by:

A handwritten signature in black ink, appearing to read "Susan B. Crookham".

Susan Crookham,  
 Certifying Scientist

**Analysis Summary and Reporting Limits:****Acoda 50014B - Cocaine and Metabolites Confirmation, Blood (Forensic) - Peripheral Blood**

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

<u>Compound</u>	<u>Ret. Limit</u>	<u>Compound</u>	<u>Ret. Limit</u>
Benzoylconine	50 ng/mL	Cocaine	20 ng/mL
Cocaethylene	20 ng/mL		

**Acoda 52250B - Alcohols and Acetone Confirmation, Blood (Forensic) - Peripheral Blood**

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Ret. Limit</u>	<u>Compound</u>	<u>Ret. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

**Acoda 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Peripheral Blood**

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Ret. Limit</u>	<u>Compound</u>	<u>Ret. Limit</u>
Benzodiazepines	100 ng/mL	Cocaine / Metabolites	20 ng/mL
Cannabinoids	10 ng/mL	Opiates	20 ng/mL

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 Chain 11256964  
 Patient ID S12-073

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**Analysis Summary and Reporting Limits:**

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Salicylates	120 mcg/mL		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine / Metabolite	0.50 ng/mL		

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergics, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnosedatives (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL